

APPLICATION TO HUNT, FISH, TRAP, OR USE THE ARCHERY SITE AT MCBQ

Note: This application must be filled out completely. Falsification of any information is a violation of MCBQ regulations and will result in the termination of privileges.

Check all that apply: Annual Hunting 3-day Hunting Non-Hunter
 Archery Practice Range (Only) Annual Fishing 5-day Fishing Trapping
Check if Applicable 65 or over VA Permanently Disabled

Last Name First MI Suffix
SSN (Last 4) (Serves as hunter pin #) Date of Birth Age
Street Address
City State Zip Code
Phone #'s Home Cell Work
Email
Drivers License State

Vehicle Data: Provide information about the primary vehicle you will be using at MCBQ.

Make Model Color
Tag Number State

Personnel Category:

- 1. Active Duty Marine
- 2. Dependent of #1
- 3. Other Military Identification Card holder or Marine Corps Civilian with Common Access Card
- 4. All other personnel

Personnel Category 4 requiring a background screening must provide their full SSN below.

SSN

VA Hunting License Number

VA Big Game License Number

VA Fishing License Number

FOR OFFICIAL USE ONLY

Entered by:

Background Check Required: Y N

Card Color:

Hunt Fish

MCBQ License #:

Issue Date:

Video Date:

Application to Hunt, Fish, Trap or Use Archery Site at MCBQ...(page 2)

Hunter Screening Exemptions

Persons presenting the following forms of (valid) identification are exempt from the background screening requirement when obtaining a MCBQ hunting or fishing license. To be exempt from screening, **circle** the type of identification you are presenting to the Game Checking Station.

Name: _____

GCS Use Only ID verified by: _____ Date: _____

(1) DOD Common Access Card (CAC)

- Active/Reserve personnel
- U.S. Civil Service personnel
- Contractors

(2) DOD Uniformed Services Identification and Privileges Cards

- DD Form 2 (reserve retired)
- DD Form 2 (individual ready reserve)
- DD Form 2 (retired) recipients
- DD Form 1173 (military family member)
- DD Form 1173-1 (Guard personnel and Reserve military family member)
- DD Form 2765 (TAMP, DAV, DOD beneficiaries, Medal of Honor, NOAA, civil service in Guam or Puerto Rico, contractors on military sealift command vessels)
- DD Form 2565 (Armed Forces Exchange Service Identification and Privilege Card)

(3) United States Government issued, authenticated federal PIV credentials

(4) Transportation Workers Identification Credential (TWIC)

(5) Federal, State or local law enforcement credentials

PRIVACY ACT STATEMENT:

1. AUTHORITY: 5 USC 301, 44 USC 3101.
2. PRINCIPLE PURPOSES. The information which is solicited is intended primarily for the following purpose: To determine the status of personnel at the time of their application for permission to hunt, fish, trap, or use the archery site aboard MCB, Quantico, VA., in an effort to allow only authorized personnel aboard the Federal installation.
3. ROUTINE USES. To maintain accountability of all persons authorized to hunt game, fish, trap furbearers, or practice archery skills aboard MCB, Quantico, VA.
4. VOLUNTARY DISCLOSURE, CONSEQUENCES OR REFUSING TO DISCLOSE: Disclosure is voluntary. However, if you not provide the requested information, you may be denied authority to hunt, fish, trap, or use the archery site aboard MCB, Quantico, VA.

SIGNATURE: _____

DATE: _____

WAIVER OF LIABILITY

For

NATURAL RESOURCES AND ENVIRONMENTAL AFFAIRS BRANCH

MARINE CORPS BASE, QUANTICO, VIRGINIA (page 1)

I will be observing/participating in outdoor activities to be conducted under the direction of the Natural Resources and Environmental Affairs Branch, G-5 (Facilities Division), hereinafter the "NREA", aboard Marine Corps Base, Quantico (MCBQ), Virginia. The activities include, but are not limited to, hunting, fishing, trapping, archery skill training, and wildlife viewing, and may involve the use of live ammunition, firearms, archery tackle, knives, fishing gear, boats, animal traps, elevated hunting stands, hunting blinds, and other potentially dangerous recreational gear by persons, including me, who have varying levels of proficiency in the use of this gear. I understand that these activities may cause injuries association with physical activity like muscle sprains or strains, tendon pulls, dislocation of joints, and broken bones. I further understand that these activities may expose me to hazards associated with physical exertion, falls, catastrophic illness, hypothermia, drowning, projectiles, falling debris from trees, toxins and diseases transmitted by plants and animals, and the inherent dangers associated with environmental conditions. Observation of and/or participation in these activities could result in property damage as well as serious bodily injury or death to me and to others.

I understand the following three cautions with regard to MCBQ:

1. All water bodies, ranges and training areas, including recreational sites, are designed for and used by the Marine Corps for training its personnel in the deadly art of individual and unit combat. All active weapons ranges have designated but unmarked safety zones known as Surface Danger Zones (SDZs) within which the projectiles from a given weapons system should be contained. I understand that if I leave my assigned activity site, I could enter an active SDZ and expose myself to serious bodily injury or death.
2. Water bodies, ranges and training areas have been subject to countless training exercises that may well have involved the use of ammunition and placement of manmade or natural obstacles which, if triggered or encountered by or during physical presence on the ranges/training areas, could result in serious bodily injury or death to me.
3. Extreme heat, humidity, cold, wind, or wet will increase the likelihood of physical danger and exposure to serious bodily injury, sickness, accident, or death while observing/participating in NREA activities at the water bodies, ranges, and training areas.

Initial Date

WAIVER OF LIABILITY

For

NATURAL RESOURCES AND ENVIRONMENTAL AFFAIRS BRANCH

MARINE CORPS BASE, QUANTICO, VIRGINIA (page 2)

Consent to Observe/Participate and Assumption of Risks:

As an observer/participant in the activities conducted under the NREA, I agree to obey ***all directions and instructions*** issued by the NREA staff and Marine Corps Base, Quantico, for the protection of myself, instructors, other participants and any observers. I understand that failure to adhere to such directions may result in my immediate and complete removal from the NREA activities.

I understand that I may withdraw my consent to observe/participate in NREA activities at any time by notifying any member of the NREA staff. I further understand that such withdrawal of consent after having given same will require my exclusion from any and all further NREA activities.

I understand observation of/participation in the NREA activity is voluntary and that by undertaking this activity, I am assuming all of the risks attendant with observation of/participation in an inherently dangerous activity that could result in destruction of my personal property, as well as serious personal injury or death to me, instructors, other observers/participants in that activity.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT I AM FULLY AWARE OF THE RISKS INVOLVED IN THESE ACTIVITIES, AND THAT I VOLUNTARILY ACCEPT AND ASSUME THE RISKS ASSOCIATED WITH SUCH ACTIVITIES.

I understand that should I decline to execute this Waiver of Liability, I will not be permitted to observe/participate in the NREA activities.

Printed Name of Participant/Observer

Phone number

Signature of Participant/Observer

Date

Application for MINOR Only

Note: This application must be filled out completely. Falsification of any information is a violation of MCBQ regulations and will result in the termination of privileges.

Check all that apply: Annual Hunting 3-day Hunting Non-Hunter
 Archery Practice Range (Only) Annual Fishing 5-day Fishing Trapping

Last Name First MI Suffix

Date of Birth Age

Street Address

City State Zip Code

Phone #'s Home Cell Work

Drivers License # State

Personnel Category of Parent/Guardian:

- 1. Active Duty Marine
- 2. Dependent of #1
- 3. Other Military Identification Card holder or Marine Corps Civilian with Common Access Card
- 4. All other personnel

VA Hunting License Number

VA Big Game License Number

VA Fishing License Number

FOR OFFICIAL USE ONLY

Entered by:

Card Color:

MCBQ License #: Hunt Fish

Issue Date:

Video Date:

Date of Hunter Education Course:

Name of Parent/Guardian or Hunting/Fishing Sponsor:

Last Name Personnel Category #

First Name

Sponsor's MCBQ Hunting License No. Fishing License No.

Application for MINOR Only...(page 2)

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3. ROUTINE USES. To maintain accountability of all persons authorized to hunt game, fish, trap furbearers, or practice archery skills aboard MCB, Quantico, VA.
4. VOLUNTARY DISCLOSURE, CONSEQUENCES OR REFUSING TO DISCLOSE: Disclosure is voluntary. However, if you not provide the requested information, you may be denied authority to hunt, fish, trap, or use the archery site aboard MCB, Quantico, VA.

SIGNATURE: _____

DATE: _____

PARENTAL CONSENT FORM FOR HUNTING AND FISHING AT MCB QUANTICO

I, _____ (Print Parent's Name)

Hereby authorize _____ (Print Name of Adult Escort) to accompany and supervise my child,

_____ (Print Name of Child),

While hunting or fishing at MCB Quantico. My child and the adult designated above have completed all courses of instruction and obtained all licenses necessary to legally hunt and fish in Virginia and at MCB Quantico.

Signature of parent or legal guardian

Date

WAIVER OF LIABILITY

For MINORS UNDER THE AGE OF 18

NATURAL RESOURCES AND ENVIRONMENTAL AFFAIRS BRANCH

For MARINE CORPS BASE, QUANTICO, VIRGINIA (page 1)

We hereby request that our child, _____, be permitted to take part in the Natural Resources and Environmental Affairs Branch, G-5 (Facilities Division), hereinafter the "NREA", sponsored activities to be held on Marine Corps Base, Quantico (MCBQ) Virginia. The activities include, but are not limited to, hunting, fishing, trapping, archery skill training, and wildlife viewing, and may involve the use of live ammunition, firearms, archery tackle, knives, fishing gear, boats, animal traps, elevated hunting stands, hunting blinds, and other potentially dangerous recreational gear by persons, including my child, who have varying levels of proficiency in the use of this gear. I understand that these activities may cause injuries association with physical activity like muscle sprains or strains, tendon pulls, dislocation of joints, and broken bones. I further understand that these activities may expose my child to hazards associated with physical exertion, catastrophic illness, hypothermia, drowning, projectiles, falling debris from trees, toxins and diseases transmitted by plants and animals, and the inherent dangers associated with environmental conditions. Observation of and/or participation in these activities could result in property damage as well as serious bodily injury or death to my child and to others.

Nonetheless, and in spite of my full knowledge of the risks involved in the NREA activities, I EXPRESSLY AND KNOWINGLY, FREELY AND VOLUNTARILY, AND INTENDING TO BE LEGALLY BOUND, ACCEPT AND ASSUME ALL RISKS INVOLVED IN AND ASSOCIATED WITH ALL ASPECTS OF THESE ACTIVITIES. I EXPRESSLY AND KNOWINGLY, FREELY AND VOLUNTARILY WAIVE ANY AND ALL RIGHTS I/MY CHILD MAY HAVE TO RECOVER FOR ANY INJURY MY CHILD SUSTAINS, OR FOR THE DEATH OF MY CHILD, AND I AGREE TO HOLD HARMLESS THE UNITED STATES GOVERNMENT, THE DEPARTMENT OF DEFENSE, THE DEPARTMENT OF THE NAVY, THE UNITED STATES MARINE CORPS, THE MARINE CORPS COMBAT DEVELOPMENT COMMAND, AND MARINE CORPS BASE QUANTICO.

Therefore, in consideration of the privilege to participate in the NREA activities to be held aboard MCBQ, I the undersigned person do hereby freely and voluntarily, and intending to be legally bound, accept all risks associated with the NREA activities, and any use I may make of MCBQ or government equipment or facilities in furtherance of my child's participation in the NREA activities, and waive any and all rights to any claims or demands or any other actions whatsoever, including those attributable to negligence, for damages, due to accident, injury, or death, resulting from my child's participation in the NREA activities for myself, my spouse, my parents or guardians, my heirs, executors, administrators, or legal representatives of my estate, or anyone else on my behalf, which I may have against any of the following: the United States of America, the Department of Defense, the Department of the Navy, the United States Marine Corps, Marine Corps Combat Development Command, Marine Corps Base Quantico,

Initial Date

WAIVER OF LIABILITY

For MINORS UNDER THE AGE OF 18

For MARINE CORPS BASE, QUANTICO, VIRGINIA (page 2)

or any and all individuals assigned to or employed by the United States, to include but be not limited to, the Secretary of the Navy, the Commandant of the Marine Corps, the Commanding General of the Marine Corps Combat Development Command, or the Commander of Marine Corps Base Quantico, in their official and personal capacities, or any medical personnel assigned thereto, or their representatives, successors, or assigns. I understand that the above language means I have abandoned any rights I may have, or any rights anyone associated with me may have, through legal or friendship or family ties, to sue the federal government for any injury my child may sustain because of participation in or attendance at the NREA sponsored activities that results in any damage whatsoever to my/my child's property or in the event of my child's death. By signing this document, I acknowledge that the federal government, or any agency or employee thereof, is not liable for any injury my child may sustain, to include death, as a result of my child's participation in the NREA sponsored activities. By signing this document, I effectively and completely assume all risk associated with the NREA sponsored activities. This document shall remain in effect and be held until notice of cancellation is received by the Commander, MCBQ.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT I AM FULLY AWARE OF THE RISKS INVOLVED IN THESE ACTIVITIES, AND THAT I VOLUNTARILY ACCEPT AND ASSUME THE RISKS ASSOCIATED WITH SUCH ACTIVITIES.

Lastly, I understand that should I decline to execute this Waiver of Liability, my child will not be permitted to participate in the NREA activities to be held aboard MCBQ.

Printed Name of Mother/Father/Legal Guardian (circle one)

Signature of parent/Legal Guardian Date

On behalf of:

Printed Name of Minor Child Date

Emergency Point of Contact Phone Number

Health Insurance Coverage: Please **initial** the appropriate box.

No, I **do not** have health insurance _____

Yes, I **do** have health insurance coverage _____ (continue below)

Name of Insurance Provider Policy #